Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>[11-2-20</u> 10]	Address:	<u>In d</u> itch
Case #:	<u>16F20072</u>		CR200 S CR 300 E
County:	<u>Howard</u>		Howard County, In
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
<u>Items F</u> ou	n <u>d: Location (bedroom, kitchen, op</u> en a	air, etc)	——
– (check all ti	nat apply) I/Ammonia Reaction(s): 2 in ditch		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
	/e Λcid;		
	ve Basc:		
Other (it	tem and location):		
Child unde	r age 18 discovered (check one)	Investigative	Information
∐ Yes	(number present)	Ephedrine	Pseudoephedrine Tracking Log
⊠ No *If yes, fax rep	port to Child Protective Services	☐ Retail/Me.	rchant Tip
	is to be faxed to the following ager		como Police Tip
	ment: Taylor VFD	Fax: <u>765-45</u> Fax: <u>765-45</u>	
Health Department: Howard Co HD		Fax:	<u>5-22,4</u>
Child Protec	tion Service: N/A		
For further in Investigating	nformation regarding this methamph g Officer: <u>R.D. Fisher</u> Phot	etamine laboratory, con ne <u>800-382-06</u> 89	ntaet
		-	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.